



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED
DEC-8 PM 3:46
CARIELLA SABAUGH
MACOMB COUNTY CLERK
MACOMB COUNTY, MICHIGAN

<p>1. Committee I.D. Number 00136638-50</p> <p>2. Committee Name Committee to Elect Mark Moffitt</p>		<p>3. This Statement covers From: 10-24-05 to 11-28-05 Mo Day Year Mo Day Year</p>	
<p>5. Committee's Mailing Address 21613 Frazho S.C.S. MI 48081 Area Code and Phone 586-777-0305</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>		<p>4. Candidate Last Name Moffitt First Name Mark M.I. J.</p> <p>4a. Office Sought including District # or Community Served (If applicable) St. Clair Shores - City Council</p> <p>4b. County of Residence Macomb</p>	
<p>7. Treasurer's Business Address Same as 5. Area Code and Phone ()</p>		<p>6. Treasurer's Name & Residential Address Ramela D. Moffitt Same as 5. Area Code & Phone ()</p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus 11-08-05 Month Day Year</p>		<p>9c. <input type="checkbox"/> Annual Statement () Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>			
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Current Treasurer or Designated Record keeper Ramela D. Moffitt Ramela D. Moffitt Date 12-8-05 Type or Print Name Signature Mo Day Year</p> <p>Candidate Mark J. Moffitt Mark J. Moffitt Date 12-8-05 Type or Print Name Signature Mo Day Year</p>			

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 00136638-50

2. Committee Name CTE Mark Moffitt

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1150.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1150.00</u>	(18.) \$ <u>3950.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>—</u>	(19.) \$ <u>—</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1150.00</u>	(20.) \$ <u>3950.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(22.) \$ <u>—</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1477.81</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1477.81</u>	(23.) \$ <u>3611.75</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ <u>—</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>666.06</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1150.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1816.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1477.81</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>338.25</u>	



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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 00136638-50
2. Committee Name CTE Mark Moffitt

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10-25-05</u> Name: <u>Committee for Responsible Government</u> Address: <u>5802 Vincent Trail</u> <u>Shelby Twp. MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Owner</u> Employer <u>Shorepointe Construction</u> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1000.00	2000.00
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11-2-05</u> Name: <u>Steven P. Scavone</u> Address: <u>22525 E. Ten Mile Rd, SCS, MI 48080</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		150.00	150.00
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1150.00	
		1150.00	

Enter this total on
line 3 of Summary
Page.

Page 1 of 1



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50
2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>C&G Newspaper</u> Address <u>13650 Eleven Mile Rd.</u> <u>WARREN, MI 48089</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>AD in Sentinel</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/05</u>	<u>\$808.00</u>
Expenditure #2 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/05</u>	<u>\$3.00</u>
Expenditure #3 Name <u>Elite Printing</u> Address <u>29901 Harper</u> <u>SCS, MI 48082</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Hand-outs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/05</u>	<u>\$92.24</u>
Expenditure #4 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/4/05</u>	<u>\$3.00</u>
Expenditure #5 Name <u>The Wine Garden</u> Address <u>21903 Harper</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BEVERAGES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/05</u>	<u>\$28.17</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$934.91

Enter this total
on line 8a of
Summary Page

Page 1 of 3



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50

2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>Kroger</u> Address <u>23191 Marter</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COFFEE & SET-UPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/05</u>	<u>\$16.47</u>
Expenditure #2 Name <u>V.F.W. Bruce Post</u> Address <u>28404 Jefferson</u> <u>SCS, MI 48081</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>HALL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/05</u>	<u>\$200.00</u>
Expenditure #3 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7/05</u>	<u>\$300</u>
Expenditure #4 Name <u>OFFICE DEPOT</u> Address <u>19001 NINE MILE RD.</u> <u>EP, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PAPER FOR FLYERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/8/05</u>	<u>\$8.26</u>
Expenditure #5 Name <u>FARMER JACK</u> Address <u>18026 DINE MILE</u> <u>EP, MI 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CUPS & ICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/8/05</u>	<u>\$6.67</u>

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

\$234.40

Enter this total
on line 8a of
Summary Page

Page 2 of 3



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 00136638-50

2. Committee Name CTE Mark Moffitt

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>FRIENDS OF ERIN STAHL</u> Address <u>20113 AVALON</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RETURN CONTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/05</u>	<u>\$100.00</u>
Expenditure #2 Name <u>CTE PETER WALBY</u> Address <u>23079 ENGLEHART</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RETURN CONTRB,</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/05</u>	<u>\$100.00</u>
Expenditure #3 Name <u>CTE KIP C. WALBY</u> Address <u>20712 ALGER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>RETURN CONTRIBUTION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/05</u>	<u>\$100.00</u>
Expenditure #4 Name <u>FIRST STATE BANK</u> Address <u>24335 HARPER</u> <u>SCS, MI 48080</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BANK FEE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/17/05</u>	<u>\$9.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

309.00

1477.81

Enter this total
on line 8a of
Summary Page

Page 3 of 3